

Robert Bentley
GOVERNOR



Fitzgerald Washington
COMMISSIONER

STATE OF ALABAMA

DEPARTMENT OF LABOR

Date ____/____/____

Name (First, Middle, Last) _____

Address _____

Occupation _____

Telephone Number (____) _____

Driver's License / State Identification # _____

EMPLOYER

Name _____ Telephone Number (____) _____

Company _____

Address _____

Quit/Discharge _____ Reason _____

WAGES CLAIMED

Dates Worked From ____/____/____ To ____/____/____

Inclusive, at the rate of \$ _____ per _____ Total Claim \$ _____

STATEMENT OF FACTS

Signed _____

I hereby certify that the above is a true statement of the wages due me from the above named employer.